

## MEDICAL CLAIMS CONCILIATION PANEL OFFICE OF ADMINISTRATIVE HEARINGS DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE OF HAWAI'I

In the Matter of the Claim of	) MCCP No						
	) SUBPOENA DUCES TECUM						
Claimant(s),	)						
VS.	) ) )						
	) )						
Respondent(s).	)						
	)						
SUBPOENA DUCES TECUM							
THE STATE OF HAWAI'I:							
TO THE SHERIFF of the State	of Hawai'i or his Deputy, or any Police Officer, or						
any other person authorized by law in the							
YOU ARE COMMANDED to ser	-						
Name	Address						
and to order him, her, or its legally authori	ized representative to produce one legible copy each						
of any and all medical records which are	in your possession, custody, or under your control,						
pertaining to:	(DOB: ; SSN: ), whose last						
known address is:							

The medical records that must be copied are limited to hospital and medical records, nurses' notes, x-rays, and other records kept in the usual course of the practice of the person or entity identified above.

Said production may either be by way of personal appearance or by certified mail (return receipt requested) within ten (10) days of the receipt of this Subpoena to:

DATED:	Honolulu, Hawaiʻi,	
		RODNEY A. MAILE
		Senior Hearings Officer
		Department of Commerce

and Consumer Affairs

RETURN OF SERVICE								
SERVICE WAS MADE AT:		DATE	TIME		PLACE			
COMMENTS:								
DATE	NAME OF SE	ERVER	SIGNATURE					

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